

**STATE OF MAINE**  
**BOARD OF SOCIAL WORK LICENSURE**  
**APPLICATION FOR LICENSURE**  
**LICENSED SOCIAL WORKER**



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine 04345



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL EXAMINATION APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
mm / dd / yyyy			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	
<b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>			
<b>NO      YES</b>			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

<b>Board of Social Worker Licensure</b>	
Licensed Social Worker (LS)	<b>Office Use Only:</b> 1421 - \$70.00 2619 - \$21.00
<b>Required Fee: \$91.00 (Non-Refundable)</b>	<b>Office Use Only:</b> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 12/2021	

<b>PAYMENT OPTIONS:</b>	
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:	
NAME OF CARDHOLDER (please print)	FIRST      MIDDLE INITIAL      LAST
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____	
<input type="checkbox"/> I understand that fees are non-refundable	
Card number:      XXXX-XXXX-XXXX-XXXX	Expiration Date      mm / yyyy
<b>SIGNATURE</b>	<b>DATE</b>

### Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Degree Granted:

Date Conferred:

### Graduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Choose one: ☐ Clinical Track ☐ Non-Clinical Track

Degree Granted:

Date Conferred:

### Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a social work examination?

[ ] YES [ ] NO

If yes:

Which Exam & Level?	Date Taken:
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### Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. [ ] YES [ ] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. [ ] YES [ ] NO

### Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Social Work Board**

- Licensing Law for Social Workers

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html>

- Licensing Rules for Social Workers

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <https://www.maine.gov/sos/cec/rules/02/chaps02.htm#416>

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

**By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.**

**I agree to abide by the Maine Board of Social Worker Licensure Statutes, Board Rules, Laws and Rules related to licensure as a Social Worker. Above is a list of the relevant laws and rules and information to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.**

Printed Name of Applicant	Pending #
Signature of Applicant	Date

## **LICENSED SOCIAL WORKER**

Applicants must submit the documentation and fees as outlined in the checklist below.

- ☐ Completed and signed Application; and
- ☐ Payment of a License fee of \$70.00; and
- ☐ Payment of an SBI fee of \$21.00; and

**Note: All fees can be in one payment.**

- ☐ A copy of your Official Transcript of an earned Bachelor of Social Work (BSW) degree from a Council on Social Work Education (CSWE) accredited program (if not previously submitted); and
- ☐ A completed Agreement to Provide Consultation Form; and
- ☐ Official Documentation of successful passage of the required Bachelors examination (if not previously submitted); and
- ☐ License Verification. An Official Verification of Licensure Form from the jurisdiction(s) in which the applicant was ever licensed (online verifications are acceptable).

### **OR**

**Note:** If applying for LSW Licensure and you are **currently licensed** as a **LSW Conditional**;

- ☐ Completed and signed Application; and
- ☐ Payment of a License fee of \$70.00; and
- ☐ Payment of an SBI fee of \$21.00; and

**Note: All fees can be in one payment.**

- ☐ A completed Agreement to Provide Consultation Form; and
- ☐ Official Documentation of successful passage of the required Bachelors examination (if not previously submitted); and
- ☐ A copy of your Official Transcript of an earned Bachelor of Social Work (BSW) degree from a Council on Social Work Education (CSWE) accredited program or degree in a field that is sufficiently related to social work or social welfare (if not previously submitted).
- ☐ License Verification. An Official Verification of Licensure Form from the jurisdiction(s) in which the applicant was ever licensed (online verifications are acceptable); and
- ☐ A completed Verification of Consultation Form or Forms documenting completion of 96 hours of consultation concurrent with 3200 hours of social work employment from your previously approved supervisor or supervisors.

**Please note: Candidates who have not submitted the above items within one (1) year will be required to submit new applications and fees if they still wish to be considered for examination.**



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35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
FAX:(207)624-8637

**VERIFICATION OF CONSULTATION FORM**  
Page 1 of 2

Use a separate form for each person verifying experience and for each employment setting.  
If more space is needed, attach an additional sheet. Please print clearly.

Licensee Data (To be completed in full by Licensee)		
Name of Licensee:		License Number:
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		Original Licensure Date:
Place of Employment During Consultation Period:		

Consultant Data (To be completed in full by Consultant)		
Name of Consultant:		License Number:
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		Home Telephone:
Consultant's Education/School:		
Year Graduated		Degree Awarded:

**VERIFICATION OF CONSULTATION FORM**  
**Page 2 of 2**

<b>Licensee Consultation Information</b> <b>(To be completed in full by Consultant)</b>	
Total Number of Hours Licensee Worked Per Week	
Total Number of Hours Per Month <b>Individual</b> Supervision/Consultation Was Given	
Total Number of Hours Per Month <b>Group</b> Supervision/Consultation Was Given	
Total Number of Hours Licensee Worked During the Period Listed Below	
Dates the Applicant was Under your Supervision: From _____ To _____ <div style="text-align: center; font-size: small;">             month/day/year                      month/day/year           </div>	
1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
2. Please state briefly licensee's personal character, ethical conduct, and competence:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
3. Do you recommend that this person be re-licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe why:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	





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**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**

**Page 1 of 2**

This is to notify the Board of Social Worker Licensure that \_\_\_\_\_ has agreed to provide social work consultation for \_\_\_\_\_.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above named consultant agrees to provide consultation as stated below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

☐ **Licensed Social Worker Conditional/Licensed Social Worker**

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

Non-DHHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, or LMSW. Only conditional social workers may receive consultation from a LSW who has been licensed at least two years and holds a BSW degree.

DHHS social workers must receive consultation from social workers who are LSW that have been licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

☐ **Licensed Master Social Worker Conditional Clinical**

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing social work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

# AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE

Page 2 of 2

## Consultant Data

Name Consulting Social Worker:

Mailing Address:

City:

State:

Zip Code:

License Number:

Work Telephone Number:

Type of Social Work Degree:

## Consultee Data

Name of Consultee:

Mailing Address:

City:

State:

Zip Code:

License Number (If Applicable):

Work Telephone Number:

## Applicant's Employment Data

Place of Employment:

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Beginning Date of Employment:

## Affirmation

We have read, understood and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statutes of the State of Maine. Since the consultee is practicing social work by the virtue of the services provided by the consultant, any changes in the relationship must be registered with the board.

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consultee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ADDITIONAL RESOURCES**

- ASWB Social Work Licensing Examination Candidate Handbook  
Available: <http://www.aswb.org/handbook.pdf>
- Licensing Law for Social Workers  
**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**  
Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html>
- Licensing Rules for Social Workers  
**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**  
Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#416>
- National Association of Social Workers (NASW) Code of Ethics  
Available: <http://www.naswdc.org/pubs/code/> or call 1-800-638-8799 ext. 238
- Statutory Authority, Titles 5 & 10  
Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>  
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE**

- Please submit your application materials by mail or hand delivery to our offices. Submissions by fax or e-mail will not be accepted. Applications are reviewed in the order received.
- If there are deficiencies with your application, you will be notified by email. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications and fees if they still wish to be considered for examination.
- **Please do not call our office regarding the status of your application.** Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address- 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:  
<http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- ♦ Complete every item on the application.
- ♦ Sign and date your application.
- ♦ Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- ♦ Make a copy of your application to keep for your records.